

State of Rhode Island

— 2019 —

# Benefits Guide



Department of Administration  
Office of Employee Benefits

# Welcome!

*The State of Rhode Island is proud to offer State employees a generous, comprehensive benefits package that provides flexibility and choice.*

This Benefits Guide includes an overview of your benefits, with information on how to save—and even earn—extra dollars with some simple choices.

To help make this Guide easier to navigate, look for these icons:



*Information about plan costs, ways to save, or ways to earn*



*Frequently asked questions or unfamiliar terms*



*Important reminders*



*Information about useful plan resources*

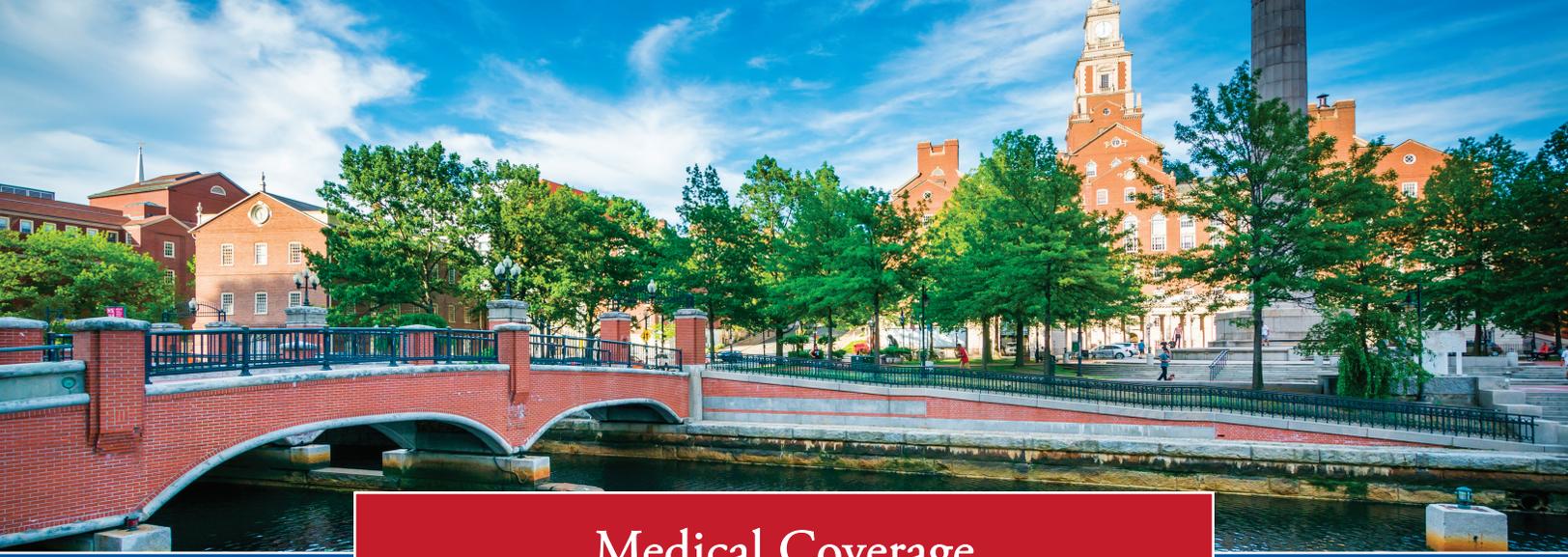


*Information about how to enroll*

The State has more information about your benefits package, as well as links to forms you may need, posted on the [Office of Employee Benefits website \(www.employeebenefits.ri.gov\)](http://www.employeebenefits.ri.gov). If you can't find what you're looking for, you can call the Office of Employee Benefits at 401-574-8530.

## Your Benefits at-a-Glance

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# Medical Coverage

*Eligible State employees have three options for medical coverage: The **Anchor Plan**, the **Anchor Plus Plan** and the **Anchor Choice Plan**.*

## Which Plan Is Right for You?

It may not be an obvious choice, but it's an important one. Here are some things to keep in mind as you're making your decision:

1. All three plans cover the same medical services.
2. All three plans use the same UHC Navigate Plus network.
3. All three plans require you to pay 10% of the cost (your coinsurance) for covered medical expenses when you visit a network provider, after you've met your deductible.
4. All three plans are called "Navigate Plans," as they require you to pick a Primary Care Physician (PCP) to coordinate your care.
5. All three plans will only cover services that are medically necessary.

### *So, what are the differences?*

The biggest difference in the three plans is **when** you pay for coverage. Do you pay more in premiums from your paycheck, or (potentially) more when you seek medical services?

For some employees, protection from unknown healthcare costs trumps a lower premium rate (co-share). They'd prefer to pay a little more from their paycheck each pay period for a lower out-of-pocket maximum and deductible.

Other employees may be comfortable taking on slightly more risk, trading potential out-of-pocket costs for the lower co-share and Health Savings Account contribution. Keep in mind, the State's contribution offsets a big portion of that risk.

It's important to do the math. There are a number of factors to consider, like your medical needs for the coming year (having a baby or an elective surgery?), your family situation, and your age.

## Medical Plan Highlights

Here's a snapshot of what each of the different medical plan options pays for **in-network** medical services. To see how out-of-network services are covered, and to review more comprehensive plan details, review the comparison chart at the end of this Guide.

	Anchor	Anchor Plus	Anchor Choice
<b>Annual Deductible</b>	\$1,000 Individual \$2,000 Family	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family
<b>Does the State Contribute to a Health Savings Account?</b>	No.	No.	Yes! In 2019*: \$1,500 Individual \$3,000 Family
<b>Do I Have to Meet the Deductible for Preventive Care Services?</b>	No. Preventive care is covered at 100% in-network.	No. Preventive care is covered at 100% in-network.	No. Preventive care is covered at 100% in-network.
<b>Coinsurance</b>	You pay 10% Plan pays 90%	You pay 10% Plan pays 90%	You pay 10% Plan pays 90%
<b>What's the Most I Can Pay in Medical/Rx Expenses Each Year? (Out-of-pocket maximums)</b>	\$2,000 Individual \$4,000 Family	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
<b>What Is My Annual Premium (Co-Share)?</b>	See "Your 2019 Premium Rates" on page 10.		

\* Contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not pro-rated for employees that enroll after those dates.



### Looking for a Network Provider?

If you're looking for a Primary Care Physician (PCP), visit [welcometouhc.com](http://welcometouhc.com) and click on "Find a doctor." Then select "Navigate Plus" for the most accurate listing of network providers. Or, you can call UHC at 866-202-0434 to find a provider near you. You will select your PCP(s) through the online enrollment process. If you need to change your designated PCP after your enrollment period ends, you can do this by calling UHC or going to [www.myuhc.com](http://www.myuhc.com).

## We've Got the Tools to Help!

Talk to ALEX®—an interactive online decision tool—to help you with your plan selection. You can find ALEX on the Office of Employee Benefits website.



## Costs to Consider

- Your co-share (your paycheck deduction for medical insurance)
- In-network and out-of-network deductibles
- Out-of-pocket maximums
- Saving for future health using a tax-advantaged HSA plan



## Important Plan Features

1. You must designate a PCP to coordinate your care when you enroll for coverage. Before seeing a specialist, ask your PCP to make a referral for your specialist visit. If you visit a specialist without receiving a referral from your PCP, your copay/coinsurance for the specialist office visit will be higher. However, any covered services the specialist provides **are** still covered regardless of whether you have a PCP referral.
2. All three plans feature place of service tiering for imaging. When you need advanced imaging services, for example an MRI, the Plan pays the highest benefits when you use a freestanding facility:
  - ▶ Before you've met your deductible, your out-of-pocket costs will be lower.
  - ▶ After you've met your deductible, your cost will be covered in full.

Visit UnitedHealthcare's website ([www.myuhc.com](http://www.myuhc.com)) to locate a freestanding facility near you.

3. Your medical plan out-of-pocket maximum includes prescription drugs. That means, if your copays/coinsurance in medical claims and prescription drug claims combined hits the out-of-pocket maximum for the year, the Plan will pay 100% of your covered costs (including prescription drug copays) for the remainder of the year!

## Terms to Know

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**Annual Deductible:** The amount you pay before the Plan begins to pay its share for covered medical expenses. Some services (like preventive care and any copays for doctor visits or prescriptions) do not require you to meet a deductible. If you meet your deductible, you'll begin paying your share of coinsurance (10% in-network) for covered medical expenses until you reach the out-of-pocket maximum for the year. At that point, the Plan pays 100% of your covered medical expenses. The family annual deductible is "cumulative," meaning that any combination of claims—even if it's just from one individual—counts toward satisfying the family deductible.

**Coinsurance:** Once you meet your annual deductible, you and the Plan share in the cost of covered medical expenses. This is called "coinsurance." When you visit in-network providers, the Plan's share is 90% and your coinsurance is 10%. If you go to an out-of-network provider, the Plan's share is 70% and your coinsurance is 30%. Coinsurance is considered an "out-of-pocket" cost, just like copays.

**Co-Share:** A co-share refers to the premium rate you pay to have medical insurance. Your co-share is deducted from your pay on a bi-weekly basis. The amount of your co-share depends on the plan you elect, whether you choose individual or family coverage, your salary and whether you're a part-time or full-time employee. You pay your co-share

regardless of how often you use the Plan.

**Health Savings Account:** If you elect the Anchor Choice Plan, you automatically receive a Health Savings Account (HSA). An HSA is a tax-advantaged account that allows you to save money for qualified medical expenses for this year and the future. The State contributes to your Health Savings Account, and you can too! See page 16 for details.

**Medical Necessity:** Certain covered services, tests or procedures such as durable medical equipment, home health care, and elbow/shoulder/hip/knee replacement surgery, require prior authorization to determine if they are medically necessary. If not, they will not be covered by the Plan and you will be responsible for the entire cost. Refer to the [Office of Employee Benefits website](#) for a list of covered services that must be pre-authorized.

**Out-of-Pocket Maximum:** The out-of-pocket maximum is your protection against high medical expenses. It's a cap or limit on what you can spend in deductible expenses, copays and coinsurance each year. If you hit your out-of-pocket maximum, the Plan will pay your remaining covered medical/prescription expenses at 100% for the rest of the year.

**Primary Care Physician (PCP):** A PCP is a provider you formally designate from the UnitedHealthcare Navigate Plus network to be your main doctor. Your PCP is responsible for coordinating your care and referring you to specialists, if needed.

## Prescription Drugs

When you elect medical coverage, you automatically receive prescription drug coverage, administered by CVS Caremark. The amount you pay per prescription depends on the drug "tier." For a 30-day supply at a retail pharmacy, you pay:

- **Generic Drugs:** \$10 copay
- **Preferred Brand-Name Drugs:** \$35 copay
- **Non-Preferred Brand-Name Drugs:** \$60 copay
- **Specialty Drugs:** \$100 copay

If you enroll in the Anchor Choice Plan, you'll pay for your retail pharmacy prescriptions in full until you reach your annual deductible. After that, you're only responsible for your copay. However, if you take medication on the *preventive therapy drug list*, (see the [Office of Employee Benefits website](#) for the list) you only pay your copay, regardless of whether you've met your deductible. The other two medical plans (Anchor and Anchor Plus) do not require you to meet your deductible before you pay prescription drug copays.

### Can I Find Out How Much My Prescription Drugs Will Cost?



Once you set up an account at [www.caremark.com](http://www.caremark.com), you can find the covered drug list from your personal portal under the "Plan and Benefits" tab. From there you can also access the "Check Drug Cost" tool to determine if your prescription drug is covered and what it will cost under the State's plans. If you're not currently enrolled in State employee health coverage, you can access the "Check Drug Cost" tool for the State's plans on the [Office of Employee Benefits website](#).

### Mail-Order Program (Maintenance Choice—CVS/Caremark)

The Plan offers a convenient and less expensive alternative to a retail pharmacy if you take medication on a regular basis to treat a chronic condition like asthma, diabetes or high blood pressure. For the same copay as two 30-day supplies from a retail pharmacy, you receive a 90-day prescription. Under Maintenance Choice, you can pick up your 90-day supply at a CVS pharmacy (including those located inside Target stores) or receive your order at home via CVS Caremark Mail Service Pharmacy.

Specialty drugs are not available under the Maintenance Choice Program; they are available by mail through the CVS Specialty Pharmacy.

## Wellness Pays

The State takes a total-health approach to wellness, not just focusing on your physical health but also your mental health and work/life balance. There are many programs and resources to help you achieve your goals, from a free, confidential employee assistance program to a 24-hour Nurseline. Visit [www.employeebenefits.ri.gov/wellness](http://www.employeebenefits.ri.gov/wellness) for a comprehensive overview of the State's programs.



### *Incentives to Help Make Healthy Behaviors Pay Off*

The Rewards for Wellness program enters its 12th year in 2019. It offers up to \$500 per employee in credits that are automatically applied to your bi-weekly medical plan premium (co-share) for completing certain wellness activities.\* Complete your Rewards for Wellness 2019-2020 activities between January 1, 2019 - December 31, 2019; incentives will be delivered in ten consecutive pay days in the first half of 2020. Additionally, there will be health and financial wellness fairs during spring 2019 where you can get your biometric screenings done and discuss your retirement savings plan with financial advisors from the State's deferred compensation plan providers. Visit [www.employeebenefits.ri.gov/wellness](http://www.employeebenefits.ri.gov/wellness) for details on the Rewards for Wellness 2019-2020 program.



### *Receive Your Annual Preventive Care Exam and Earn \$250!*

If you receive a preventive care exam\*\* in 2019, you will earn a \$250 credit toward your co-shares. If you're married and your spouse also receives a preventive care exam, you will earn an *additional* \$250 credit toward your co-share. This is *in addition* to any wellness credits you may receive for completing wellness activities in the Rewards for Wellness program. Credits will be delivered in five consecutive pay days in the second half of 2020.

**All told, employees can earn \$750 off their co-shares as an individual (or \$1,000 with spouse)!**

\* Only State of Rhode Island employees who are paying medical co-shares based on the rates posted at [www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov) are eligible to receive co-share credit incentives.

\*\* You and/or your spouse must obtain at least one of the following qualifying preventive screenings to earn the \$250 credit(s): annual physical exam, annual gynecological exam, or prenatal obstetric exam.

 **Your 2019 Bi-Weekly Premium Rates (Co-Shares\*)**

	Anchor	Anchor Plus	Anchor Choice
<b>Full-Time Employee (Individual Coverage)</b>			
Less than \$99,825	\$55.16	\$59.01	\$54.76
\$99,825 and above	\$68.94	\$73.77	\$68.45
<b>Full-Time Employee (Family Coverage)</b>			
Less than \$51,930	\$115.97	\$124.08	\$115.13
\$51,930 to less than \$99,825	\$154.63	\$165.44	\$153.51
\$99,825 and above	\$193.28	\$206.80	\$191.89
<b>Part-Time Employee (Individual Coverage)</b>			
Less than \$94,095	\$55.16	\$59.01	\$54.76
\$94,095 and above	\$96.52	\$103.27	\$95.82
<b>Part-Time Employee (Family Coverage)</b>			
Less than \$94,095	\$154.63	\$165.44	\$153.51
\$94,095 and above	\$270.60	\$289.52	\$268.64

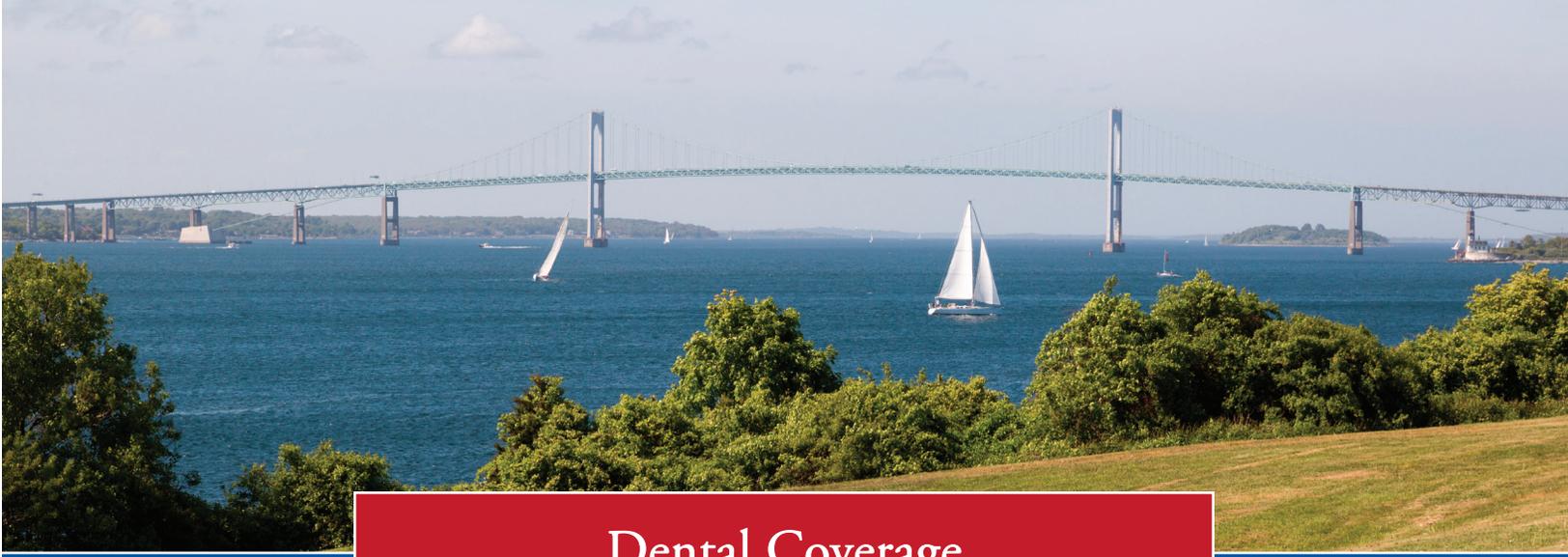
\* Co-shares and salary bands listed here are for 26 pay period classified and unclassified State employees only and are effective as of the pay period beginning December 23, 2018. Part-time co-shares are based on job specification's full-time salary. College employees should refer to their college/university website (URI, RIC, CCRl) for their co-shares and salary bands. Members of the Rhode Island Troopers Association and State Police command staff should refer to the [Office of Employee Benefits website](#) for their co-shares and salary bands.

 **How Do I Enroll?**

You can enroll in medical coverage via the State's online enrollment system. See Page 27 for more information.

 **What if I Want to Waive Coverage?**

If you waive medical/prescription drug coverage and show you're enrolled in another plan, you are eligible to receive \$38.50 per bi-weekly pay period, up to an annual maximum of \$1,001.00. However, if your alternative coverage is government-subsidized, including Medicare and Medicaid (e.g., Rite Share, Rite Care and MassHealth) and coverage purchased through HealthSource RI (or any other health insurance marketplace established under the ACA), you are not eligible to receive this opt-out payment. To waive medical/prescription coverage and receive the opt-out payment, you will need to make your election through the online enrollment system.



# Dental Coverage

*Eligible State employees have three options for dental coverage: Anchor Dental, Anchor Dental Plus and Anchor Dental Platinum.*

## Which Plan Is Right for You?

All three dental plans cover basic, restorative and major restorative services as well as orthodontia. All use the same Delta Dental network. Anchor Dental is a base plan, but Anchor Dental Plus and Anchor Dental Platinum are “buy-up” options that offer even greater coverage.

## Dental Plan Highlights

The chart on the following page shows a snapshot of what each of the different dental plan options pays for **in-network** dental services, but there are several restrictions and limits in place. For more details, see the comparison chart at the end of this Guide.



### *New in 2019!*

*In 2019, dependents can be covered to age 26 for dental coverage. During your enrollment period, add dependent children who aged off coverage. If you miss this opportunity, you'll have to wait until the next open enrollment period to add them to your coverage.*

	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum
Annual Deductible Per Person	None	None	None
Annual Plan Maximum Per Person	\$1,500	\$2,000	\$2,500
Lifetime Orthodontic Maximum Per Person	\$1,500	\$2,000	\$2,500
Basic/Preventive Services (e.g., exams, cleanings, x-rays, sealants, fluoride treatments)	100% (exams, fluoride treatments covered once per year; occlusal guards and specialty consultations not covered)	100% (exams, fluoride treatments covered twice per year; occlusal guards covered; specialty consultations not covered)	100% (exams, fluoride treatments covered twice per year; occlusal guards). Specialty consultations covered at 80%
Major Restorative (e.g., crowns)	80%	80%	80%
Periodontics (e.g., scaling/planing)	50%	80%	100%
Implants	Not covered	Not covered	50% covered up to separate \$3,500 lifetime maximum
Orthodontia (elective braces)	50% for children up to age 19	50% for children up to age 19	50% for children and adults; no age limit

## How Do the “Buy-Up” Options Work?

You can elect to pay a higher premium (co-share) to receive more dental coverage. Keep in mind, however, that the State's contribution towards the cost of your coverage is the same regardless of whether you elect the base or either of the buy-up options.

Both buy-up options have more covered services and may be worth considering if you or your dependent may need additional dental services in 2019. For example, the Anchor Dental Platinum Plan provides orthodontia coverage for children and adults, and it also has coverage for implants.



### Dental Coverage Resources

Visit the [Office of Employee Benefits website](#) to review informative videos about the new dental coverage options. Don't forget to talk to ALEX while you're there if you need help choosing a plan. Also be sure to visit [www.deltadentalri.com](http://www.deltadentalri.com) to manage your dental benefits with ease, including checking your specific benefits and coverage dates, reviewing progress towards maximum amounts and confirming remaining balances, looking up the status of a specific claim or reviewing your recent claim history, and instantly printing a copy of your ID card.



## Your 2019 Bi-Weekly Premium Rates (Co-Shares \*)

	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum
<b>Full-Time Employee (Individual Coverage)</b>			
Less than \$99,825	\$2.95	\$4.75	\$7.29
\$99,825 and above	\$3.69	\$5.49	\$8.03
<b>Full-Time Employee (Family Coverage)</b>			
Less than \$51,930	\$5.74	\$10.40	\$16.98
\$51,930 to less than \$99,825	\$7.65	\$12.31	\$18.89
\$99,825 and above	\$9.56	\$14.22	\$20.80
<b>Part-Time Employee (Individual Coverage)</b>			
Less than \$94,095	\$2.95	\$4.75	\$7.29
\$94,095 and above	\$5.17	\$6.97	\$9.51
<b>Part-Time Employee (Family Coverage)</b>			
Less than \$94,095	\$7.65	\$12.31	\$18.89
\$94,095 and above	\$13.39	\$18.05	\$24.63

\* Co-shares and salary bands listed here are for 26 pay period classified and unclassified State employees only and are effective as of the pay period beginning December 23, 2018. Part-time co-shares are based on job specification's full-time salary. College employees should refer to their college/university website (URI, RIC, CCRU) for their co-shares and salary bands. Members of the Rhode Island Troopers Association and State Police command staff should refer to the [Office of Employee Benefits website](#) for their co-shares and salary bands.



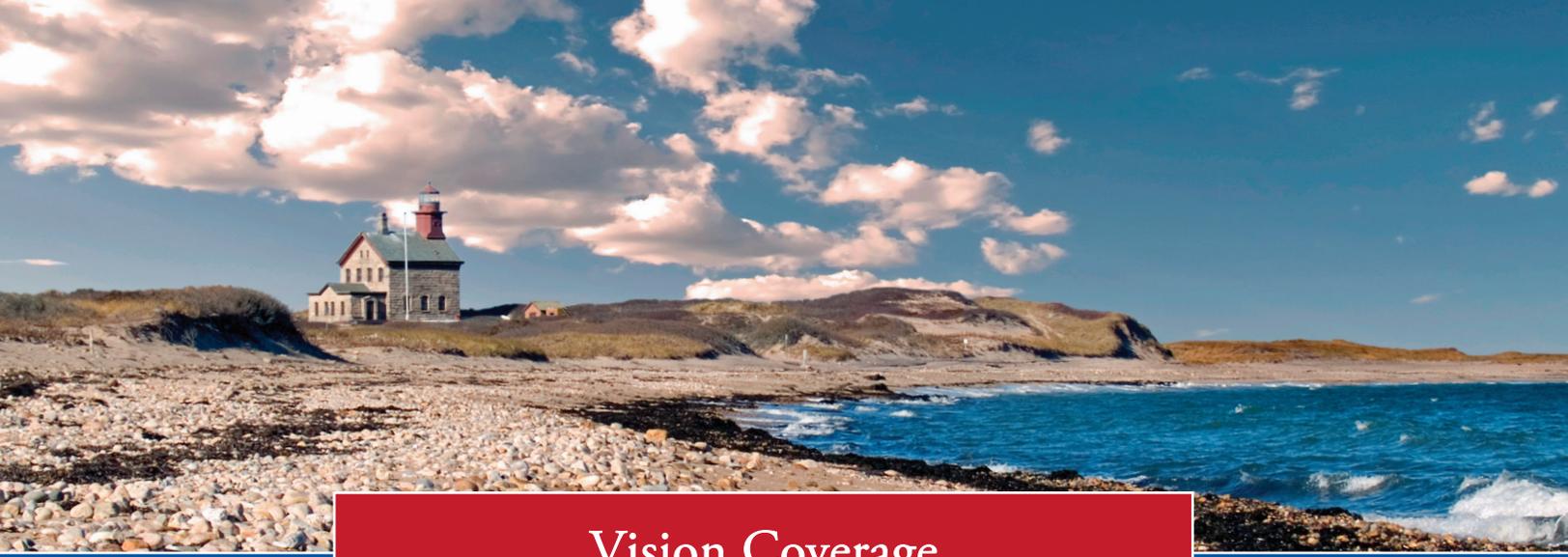
## How Do I Enroll?

You can enroll in dental coverage via the State's online enrollment system. See Page 27 for more information.



## What If I Need More Coverage?

Download the Chewsy™ dental app for greater savings on dental costs. If you or a family member need or want a dental service that isn't covered by the dental plan or you've exceeded the plan year maximum, you can use Chewsy to help cover costs. Just find a Chewsy participating dentist using the Chewsy app, call for an appointment and bring your phone with you. You'll pay for your visit using the app. There are no limits, maximums, exclusions or claim forms to complete. Chewsy is separate from and can't be combined with your dental insurance.



# Vision Coverage

*Eligible State employees have two options for vision coverage: **Anchor Vision and Anchor Vision Plus.***

## Which Plan Is Right for You?

Your vision care benefits are provided through VSP, a national vision care network. Both plan options offer preventive care coverage and an allowance for frames and contacts. Anchor Vision Plus has bigger allowances than Anchor Vision.

Both vision plan options offer benefits in- and out-of-network. However, the State encourages you to visit a VSP participating provider to receive the greatest coverage. To find a provider near you, visit [www.vsp.com](http://www.vsp.com).

## Vision Plan Highlights

Here's a snapshot of your vision plan options when you visit an in-network provider. Vision services shown are available every calendar year. For more details, see the fold-out comparison chart at the end of this Guide.

	Anchor Vision	Anchor Vision Plus
<b>Vision Exam</b>	100%	100%
<b>Prescription Glasses</b>	You pay a \$30 copay; for frames, you have a \$100 allowance and a 20% discount on any amount above the allowance	You pay a \$30 copay; for frames, you have a \$200 allowance and a 20% discount on any amount above the allowance
<b>Contacts instead of Glasses</b>	\$30 cap on exam fees \$30 allowance for materials	\$30 cap on exam fees \$200 allowance for materials



## Your 2019 Bi-Weekly Premium Rates (Co-Shares\*)

	Anchor Vision	Anchor Vision Plus
<b>Full-Time Employee (Individual Coverage)</b>		
Less than \$99,825	\$0.44	\$1.38
\$99,825 and above	\$0.55	\$1.49
<b>Full-Time Employee (Family Coverage)</b>		
Less than \$51,930	\$0.91	\$3.52
\$51,930 to less than \$99,825	\$1.21	\$3.82
\$99,825 and above	\$1.52	\$4.13
<b>Part-Time Employee (Individual Coverage)</b>		
Less than \$94,095	\$0.44	\$1.38
\$94,095 and above	\$0.77	\$1.71
<b>Part-Time Employee (Family Coverage)</b>		
Less than \$94,095	\$1.21	\$3.82
\$94,095 and above	\$2.12	\$4.73

\* Co-shares and salary bands listed here are for 26 pay period classified and unclassified State employees only and are effective as of the pay period beginning December 23, 2018. Part-time co-shares are based on job specification's full-time salary. College employees should refer to their college/university website (URI, RIC, CCRl) for their co-shares and salary bands. Members of the Rhode Island Troopers Association and State Police command staff should refer to the [Office of Employee Benefits website](#) for their co-shares and salary bands.



### How Do I Enroll?

You can enroll for vision coverage via the State's online enrollment system. See Page 27 for more information.



### New in 2019!

In 2019, dependents can be covered to age 26 for vision coverage. During your enrollment period, add dependent children who aged off coverage. If you miss this opportunity, you'll have to wait until the next open enrollment period to add them to your coverage.



## Health Savings Account (HSA)

*An HSA is a tax-advantaged savings account that's available to you if you enroll in the Anchor Choice Plan.* It's a great benefit—the State contributes to the account on your behalf, and you can contribute to it too. You can use the money in your account to pay for eligible health expenses, or you can let your account grow. Unlike a Flexible Spending Account (FSA), your HSA balance rolls over from year to year, and it's yours to keep, even if you retire or stop working for the State.

### Eligibility

To be eligible for an HSA from the State, you:

- must enroll in the Anchor Choice Plan.
- must not be enrolled in Medicare (including Part A only), Medicaid or TRICARE.
- cannot be claimed as a dependent on another person's tax return.
- cannot be enrolled in other non-qualifying coverage.
- cannot have a traditional General Purpose Health Care FSA (or if you're married, your spouse may not have a General Purpose Health Care FSA). But, you may elect a Limited Purpose FSA to help offset dental and vision expenses.



### Triple Tax Advantage!

*With an HSA, you get a triple-tax advantage! You don't pay taxes on what you contribute, you don't pay taxes on any interest or investment growth, and you don't pay taxes when you use your funds for qualified medical expenses!*

### How Does the HSA Work?

If you enroll in the Anchor Choice Plan, you will automatically get an HSA with Optum Bank. The State's annual contribution to your account will total up to \$1,500 for individual coverage or \$3,000 for family coverage. While you're not required to, you may also contribute to your HSA through pretax payroll deductions.

You can choose to use your HSA funds for eligible out-of-pocket expenses—even your deductible—or you can choose to keep the money in your account and let it roll over from year to year. You'll even be provided with a debit card, to make paying for eligible expenses with your HSA dollars easy and convenient.

### Maximum Contributions for 2019

You can contribute to your account (up to IRS limits each year) to help grow your tax-free savings. If you're over age 55, you can even make additional "catch-up" contributions of up to an additional \$1,000.

	Individual	Family
State of Rhode Island Contributes*	\$1,500	\$3,000
You May Contribute Up To	\$2,000	\$4,000
<b>Total Limit in 2019</b>	<b>\$3,500</b>	<b>\$7,000</b>

\* Contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not pro-rated for employees that enroll after those dates.

You can use the money in your HSA to pay for qualified medical, prescription, dental and vision expenses at any time without federal tax liability or penalty. Any HSA funds used to pay for goods or services that are not qualified medical expenses are taxable income. And, if you are under age 65, they can be subject to an additional 20 percent tax penalty. If you're over 65, there's no tax penalty for a withdrawal for any reason.

Whatever you don't spend stays in your account where it can grow over time. Funds are kept in a cash account, and you're able to invest your HSA balance once it reaches \$2,000. Plus, you pay no taxes on the interest you earn.



### How Do I Enroll?

*If you enroll in the Anchor Choice Plan, an HSA will be opened for you. If you would like to make contributions to your HSA, new hires should obtain and submit the HSA Employee Payroll Deduction Authorization Form using the online enrollment system, while active employees should obtain the form from [www.employeebenefits.ri.gov/resources/forms](http://www.employeebenefits.ri.gov/resources/forms) and submit it via email ([doa.oeb@doa.ri.gov](mailto:doa.oeb@doa.ri.gov)) or fax (401-574-9281). **You may change your HSA contributions at any time during the year.***



# Flexible Spending Accounts

*The State offers three types of Flexible Spending Accounts (FSAs) to employees:*

- **General Purpose Health Care FSA**, for employees who are not enrolled in the Anchor Choice medical plan;
- **Limited Purpose Health Care FSA**, for employees enrolled in the Anchor Choice medical plan or other HSA-qualified high-deductible health plan; and
- **Dependent Day Care FSA**.

These plans are governed by the IRS and allow you to put aside money on a pre-tax basis to receive reimbursement for eligible expenses.

## How FSAs Work

FSAs can help you save money on health care and dependent care expenses, because you can elect to contribute a certain amount of your taxable pay each year for these expenses before the taxes are taken out. Those allocated dollars can be used for eligible (as defined by the IRS) out-of-pocket medical, prescription, dental, vision and/or dependent care expenses. Your FSAs are administered by Navia.



***IRS Limits Are Subject to Change***

*The maximums shown in this guide are set by the IRS and may change. Verify current maximums by visiting the [Office of Employee Benefits website](#).*

## General Purpose Health Care FSA

The General Purpose Health Care FSA allows you to stretch the dollars you use to pay for medical, prescription, dental and vision care expenses that are not paid or reimbursed by your health care plans (like deductibles, copays and coinsurance). When you enroll, you choose the annual amount(s) that will be deducted from your paycheck in equal installments each pay period and deposited into your FSA(s).

You may elect to contribute a maximum of \$2,700 to the General Purpose Health Care FSA. Don't worry if you overestimate a little—you may roll over up to \$500 of unspent Health Care FSA dollars to the following calendar year.



### General Purpose Health Care FSA Eligible Expenses \*

- Copays, deductibles and coinsurance
- Certain over-the-counter items like sunscreen, first aid supplies, blood pressure monitors, etc., with a prescription
- Breast pumps and accessories, child birth classes, birthing coach and diaper services
- Vision exams, eyeglasses, prescription sunglasses, contact lenses/solution
- Dental exams, x-rays, fillings, orthodontia, crowns, bridges, implants, dentures
- Hearing exams, hearing aids and batteries

\* For a comprehensive list of eligible expenses, visit [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502)

## Limited Purpose Health Care FSA

The Limited Purpose Health Care FSA is available to employees who have elected the Anchor Choice Plan or other HSA-qualified high-deductible health plan. Because the Anchor Choice Plan has a Health Savings Account component attached to it, the IRS prohibits an additional tax-advantaged medical savings account. A Limited Purpose FSA is allowed, because it is limited to eligible dental and vision expenses. Like the General Purpose Health Care FSA, you may contribute up to \$2,700 to a Limited Purpose FSA, and you may roll over up to \$500 of unspent contributions.



### Limited Purpose Health Care FSA Eligible Expenses \*

- Copays, deductibles and coinsurance for dental or vision expenses
- Dental exams, x-rays, fillings, orthodontia, crowns, bridges, implants, dentures
- Vision exams, eyeglasses, prescriptions sunglasses, contact lenses/solution

\* For a comprehensive list of eligible expenses, visit [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502)

## Dependent Day Care FSA

The Dependent Day Care FSA can be used to reimburse yourself for dependent day care expenses for your child(ren) or parent(s). You may elect to contribute a maximum of \$5,000 per calendar year (or \$2,500 if married and filing separately).



## Dependent Day Care FSA Eligible Expenses\*

- Before school/after school care for children under age 13
- Child care while you and your spouse work or while your spouse attends school full-time or looks for work
- Adult day care, age 13 and older (not medical-care related)
- Preschool
- Day camps (even if a camp specializes in a particular activity, such as computers or soccer)
- Housekeeper whose services include the care of a qualifying person

\* For a comprehensive list of eligible expenses, visit [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502)

## Receiving Reimbursement for Your Eligible Expenses

### DEBIT CARD

To make it easy to substantiate your eligible expenses, you'll receive a debit card through Navia when you enroll in an FSA. Your Health Care FSA debit cards will be loaded with your full annual election amount on the first day of the plan year.

### MANUAL REIMBURSEMENT CLAIMS

You may also submit manual reimbursement claims:

- online at [www.naviabenefits.com](http://www.naviabenefits.com);
- using the MyNavia mobile app; or
- via paper claim form to mail or fax to Navia, available at [www.employeebenefits.ri.gov/resources/forms](http://www.employeebenefits.ri.gov/resources/forms).



### How Do I Enroll?

To enroll in an FSA, you will need to either submit an FSA Enrollment Form or log onto [www.naviabenefits.com](http://www.naviabenefits.com) depending on your employment status and enrollment period. See Page 28 for more information.



## Roll Over Up To \$500!

The IRS allows you to roll over up to \$500 unspent General Purpose Health Care or Limited Health Care FSA dollars from the current calendar year to the next calendar year.

**There is no rollover provision for the Dependent Care FSA;** your unspent dollars will be forfeited at the end of the calendar year.



# Deferred Compensation Plan

*The State offers a Deferred Compensation Plan (457(b) Plan) to allow you to save for retirement using pre-tax dollars.* You decide how much to contribute from your pay each year, and that deferral is deducted in equal installments every pay period before taxes are taken out—reducing your taxable income while allowing you to invest for your future.

You can enroll or make changes to how much you contribute at any time. You also choose how you would like your contributions to be invested among the funds available through TIAA, Fidelity and/or Voya.

## *Employees' Retirement System of Rhode Island (ERSRI)*

*As part of their employment, most State employees receive a retirement plan with a defined benefit portion administered by ERSRI and a defined contribution portion administered by TIAA. Employees cannot voluntarily contribute more to these plans. However, the Deferred Compensation Plan is a voluntary benefit. It gives you an additional way to save even more for retirement. For more information about ERSRI, visit [www.ersri.org](http://www.ersri.org).*



## *You're Vested!*

*You're always 100% vested in your deferred compensation plan account.*

## *IRS Limits are Subject to Change*

*The maximums shown in this guide are set by the IRS and may change. Verify current maximums by visiting the [Office of Employee Benefits website](#).*

## Catch-Up Contributions

If you are at least age 50 by the end of the calendar year and you contribute the maximum amount to your Deferred Compensation Plan account, you may make catch-up contributions. Catch-up contributions allow you to save above the normal IRS annual limit on a pre-tax basis.

### Special Three-Year Catch-Up

If you are within three years of your retirement age, you have another opportunity to add to your Deferred Compensation Plan account. This special three-year catch-up provision cannot be combined with the over age 50 catch-up provision.

For more information, visit the [Office of Employee Benefits website](#).



### How Do I Manage My 457 Plan Account?

To enroll or change your contribution amount, visit [Retirement@Work](#). To manage fund allocations and update beneficiaries, visit the TIAA, Fidelity and Voya websites.

## Contributions

	IRS 2019 Contribution Limit
Salary Deferral Contributions	\$19,000
Catch-Up Contributions	\$6,000
Special Three-Year Catch-Up	The lesser of \$38,000 or \$19,000 plus any underutilized contribution limits from prior years during which you were eligible to participate but did not make the maximum annual contribution for those years.



### How Do I Enroll?

To enroll or manage your account, visit Rhode Island's Retirement@Work website, [www.retirementatwork.org/ri](http://www.retirementatwork.org/ri), anytime after you receive your first paycheck.

Log in to your Retirement@Work account to choose your investment provider(s) and salary deferral amount(s). Follow the on-screen prompts and visit the website(s) of the investment provider(s) you choose to complete your account set-up, including fund selections and assigning your beneficiaries. If you don't complete your account set-up with each investment provider you selected, your contributions will either be rejected or be directed to an age-appropriate target date fund.

If you have any enrollment-related questions, please call Retirement@Work at (855) 200-0135.



# Income Protection / Assistance

## Life Insurance

The State of Rhode Island provides group term life insurance coverage through Aetna so that you can protect your family while you're a State employee. Basic Life insurance includes Accidental Death and Personal Loss coverage. If you enroll in Basic coverage, you may also enroll for additional protection with Supplemental Life insurance. For more information, review the plan summary materials posted on the [Office of Employee Benefits website](#).

	Your Coverage
<b>Basic Life</b>	100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000
<b>Supplemental Life</b>	100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000
<b>Accidental Death and Personal Loss*</b>	100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000

*\* Coverage is included in Basic Life insurance and does not require an additional premium.*



### How Do I Enroll?

You are automatically enrolled in Basic Life insurance when you start working at the State.

To waive Basic coverage or enroll in Supplemental coverage, fill out the Group Term Life Insurance Enrollment Form, available on [www.employeefirstbenefits.ri.gov/resources/forms](http://www.employeefirstbenefits.ri.gov/resources/forms), and submit it to your HR office or the Office of Employee Benefits via email ([doa.oeb@doa.ri.gov](mailto:doa.oeb@doa.ri.gov)) or fax (401-574-9281).



### Your 2019 Premium Rates

Rates for life insurance coverage vary by age. Visit the [Office of Employee Benefits website](#) to see your 2019 premiums.

## Short-Term Disability Insurance

If you become sick or injured and cannot work, Short-Term Disability insurance can replace a portion of your pay during your absence. Although you pay for this coverage via payroll deduction, you enroll directly through Aflac or Colonial Life\*.

The amount you pay for Short-Term Disability insurance depends on the amount of benefit you choose to receive and the coverage period you elect. Visit the [Office of Employee Benefits website](#) for coverage details.

\* Colonial Life is available only if you're represented by NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP.



### Plan Features:

- Short-Term Disability insurance covers a non-work-related injury or illness.
- Benefits are paid directly to you, regardless of any other disability insurance you may have.
- Your coverage is fully portable (e.g., you can keep the same plan even if you switch jobs or leave State employment).
- Your premium rates stay the same unless you make changes to your plan.



### How Do I Enroll?

You can enroll in Short-Term Disability insurance at any time during the year. Call Aflac (401-475-9936, ext. 130) or Colonial Life (866-349-8011) to enroll or find out about coverage options and costs. Make sure you identify yourself as a State of Rhode Island employee.

## Legal Services

For a low premium rate, you can have pre-paid legal assistance through MetLaw/Hyatt Legal when you need it for you and your eligible family members.

You'll be able to access a network attorney of your choice to help with the following services:

- Estate planning documents
- Juvenile matters
- Civil lawsuits defense
- Criminal matters
- Real estate matters
- Legal document review
- Family law
- Immigration assistance
- Elder law
- Financial matters
- Document preparation
- Traffic offenses

### Your 2019 Premium Rates

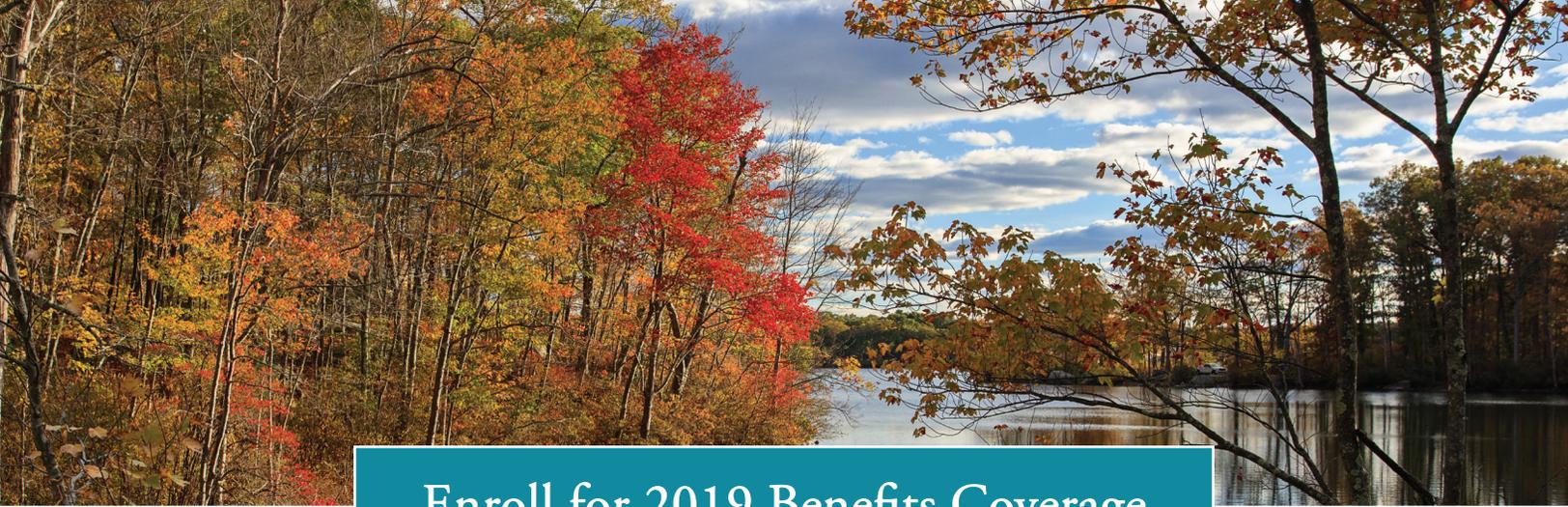
	Bi-Weekly Costs
<b>Individual</b> (Single Plan)	\$3.11
<b>Family Plan</b> (Covers Employee, Spouse and Dependents)	\$4.78

### How Do I Enroll?

Fill out the Legal Care Deduction Authorization Form, available on [www.employeebenefits.ri.gov/resources/forms](http://www.employeebenefits.ri.gov/resources/forms) and submit it to your HR office or the Office of Employee Benefits via email ([doa.oeb@doa.ri.gov](mailto:doa.oeb@doa.ri.gov)) or fax (401-574-9281).

### For more information

Visit [www.info.legalplans.com](http://www.info.legalplans.com) and enter access code 7580001 for the Single Plan and 7590001 for the Family Plan or call 800-821-6400, Monday-Friday, 8am-9pm EST.



## Enroll for 2019 Benefits Coverage

Welcome to the State of Rhode Island! We hope that this Guide has provided you with a helpful overview of your State benefits. Remember that you have **31 days** from your date of hire or a qualifying status change to enroll in or change your benefits.

The decisions you make during your enrollment period will remain in effect for the rest of 2019, so read this section carefully to make sure you have everything in order before you enroll.



**Questions?**  
**We're here to help!**

*Visit the [Office of Employee Benefits website](#) for more information about enrolling for your 2019 benefits.*

### Important Reminders About Your Enrollment

1. Be sure to enroll in your State benefits **within 31 days** of your date of hire or a qualifying status change.
2. You will enroll ONLINE for medical/prescription, dental and vision coverage through OnlinEnroll, the State's online enrollment system.
3. You will need to select a Primary Care Provider (PCP) for yourself and your covered dependents when you enroll in medical coverage.
4. Your dependents can be covered to age 26 for medical, dental and vision.
5. If you are a new hire and do not make elections within 31 days of your hiring date, you will NOT have any State health coverage, and you will NOT be able to enroll in coverage or elect the medical coverage waiver opt-out payment until the next Open Enrollment unless you experience a qualifying status change.
6. Benefits elections for a new hire will go into effect as of the date of hire. Benefits elections due to a qualifying status change are effective on a prospective basis except for birth/adoption or a return from an unpaid leave of absence.

## How to Enroll for 2019 Coverage

### To Enroll in Medical, Dental or Vision

Visit the Enrollment Page at [www.employeebenefits.ri.gov/enrollment](http://www.employeebenefits.ri.gov/enrollment) and follow the instructions carefully:

- 1 Do your research!** Talk to ALEX, review plan details and watch informative videos on the [Office of Employee Benefits website](#). Review enrollment tips on the [New Employees page](#). Also, read this Guide and review past coverage and expenses.


- 2 When you enroll,** you'll be asked to elect PCPs for yourself and each covered family member. To do so, you'll need to enter each PCP's 14-digit ID number in the online enrollment system. (Note: This is **not** the same as the 10-digit NPI number that physician offices often provide.) Refer to [www.employeebenefits.ri.gov/enrollment](http://www.employeebenefits.ri.gov/enrollment) for instructions on finding and entering your PCP's 14-digit ID.
- 3 Access the new enrollment system through** [www.employeebenefits.ri.gov/enrollment](http://www.employeebenefits.ri.gov/enrollment).

  - To access the system, you'll need to use a username that is the first initial of your first name, your full last name (no hyphens, apostrophes, spaces or titles) and the last four digits of your Social Security number.
  - Your initial password will be the first five digits of your Social Security number.
    - You will change your password upon first login. **Be sure to write down your new password!**
    - **Need help logging into OnlinEnroll or resetting your password?** Call the OnlinEnroll support line at (888) 327-2770 from 11am-8pm EST.
  - The Company Code is **Rhode Island**.
- 4 IMPORTANT!** In the online enrollment system, be sure to check the box(es) next to the name(s) of any spouse and/or dependent(s) that you want to enroll in coverage. If you enrolled any family member(s), check that their name(s) appear in the FUTURE ENROLLMENT SUMMARY section on the confirmation statement.

*Continued on next page.*

## To Enroll in Medical, Dental or Vision, continued

- 5** You'll be able to **print out a confirmation statement** showing your 2019 elections. You'll also be sent an email indicating your enrollment is complete and instructing you to return to the online enrollment system if you want to review your confirmation statement.

MEDICAL	DENTAL	VISION
<b>UnitedHealthcare Navigate Plus</b> <ul style="list-style-type: none"> <li>• Anchor</li> <li>• Anchor Plus</li> <li>• Anchor Choice*</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>• Anchor Dental</li> <li>• Anchor Dental Plus</li> <li>• Anchor Dental Platinum</li> </ul>	<b>VSP</b> <ul style="list-style-type: none"> <li>• Anchor Vision</li> <li>• Anchor Vision Plus</li> </ul>

\* If you enroll in the Anchor Choice Plan, an HSA will be opened for you. If you would like to make contributions, new hires should obtain and submit the HSA Employee Payroll Deduction Authorization Form using the online enrollment system, while active employees should obtain the form from [www.employeebenefits.ri.gov/resources/forms](http://www.employeebenefits.ri.gov/resources/forms) and submit it via email ([doa.oeb@doa.ri.gov](mailto:doa.oeb@doa.ri.gov)) or fax (401-574-9281). **You may change your HSA contributions at any time during the year.**

## To Enroll in a Flexible Spending Account

- >** **New hires:** After you select your medical, dental and vision coverages in the online enrollment system, you will have an opportunity to fill out and upload an FSA Enrollment Form while you are in the system.
- >** **Active employees – open enrollment:** Log onto [www.naviabenefits.com](http://www.naviabenefits.com) to enroll.
- >** **Active employees – status change:** Obtain the FSA Enrollment Form from [www.employeebenefits.ri.gov/resources/forms](http://www.employeebenefits.ri.gov/resources/forms) and submit it via email ([doa.oeb@doa.ri.gov](mailto:doa.oeb@doa.ri.gov)) or fax (401-574-9281).
  - General Purpose Health Care FSA
  - Limited Purpose FSA  
(Only available if you are enrolled in Anchor Choice or other HSA-qualified high-deductible health plan)
  - Dependent Day Care FSA

## To Enroll or Change Your Contributions to Your Deferred Compensation 457(b) Plan

- >** Visit [www.retirementatwork.org/ri](http://www.retirementatwork.org/ri) anytime *after* you receive your first paycheck.

### To Enroll for

- Basic Life Insurance
- Supplemental Life Insurance or
- Legal Services



Visit [www.employeebenefits.ri.gov/resources/forms](http://www.employeebenefits.ri.gov/resources/forms). You'll need to complete a paper enrollment form for these benefits. If you enroll for legal services, you'll receive a letter from Hyatt Legal confirming your enrollment.

For more information, please visit [www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov) or call 401-574-8530.

## *What Happens If I Do NOT Enroll Within 31-Days of My Hiring Date?*

If you take no action within 31 days of your hiring date, you will NOT have any State health coverage, and you will NOT be able to enroll in coverage or elect the medical coverage waiver opt-out payment until the next Open Enrollment unless you experience a qualifying status change.

## *What Is Considered a Qualifying Status Change, and What Supporting Documentation Will I Need to Submit?*

Qualifying status changes includes events such as marriage, divorce, birth of a child, and changes to employment status. To see a full list of qualifying events and acceptable documentations, visit [www.employeebenefits.ri.gov/enrollment/status\\_change.php](http://www.employeebenefits.ri.gov/enrollment/status_change.php).

## *Year-Round Benefits Enrollment*

Keep in mind, there are several benefits available to State employees that you can enroll in—or make changes to—at any time during the year:

- Make changes to your HSA contributions if you enroll in the Anchor Choice Plan (with HSA) for your medical and prescription drug coverage.
- Enroll in or update your contribution amount to your Deferred Compensation Plan by visiting [www.retirementatwork.com/ri](http://www.retirementatwork.com/ri).
- Purchase or make changes to your Short-Term Disability insurance coverage by contacting Aflac or Colonial Life.

## Contact Information

You can find much more information about your benefits plans and programs on the Office of Employee Benefits website at [www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov). Here's a handy list of contact phone numbers and websites for your program vendors if you need additional information.

If You Need More Information About	Contact	
<b>General questions about your benefits, eligibility, dependents, life events and enrollment</b>	<b>Office of Employee Benefits (OEB)</b>	<b>401-574-8530</b> <a href="http://www.employeebenefits.ri.gov">www.employeebenefits.ri.gov</a>
Medical Coverage	UnitedHealthcare	866-202-0434 <a href="http://www.myuhc.com">www.myuhc.com</a>
Prescription Drugs	CVS Caremark	800-307-5432 <a href="http://www.caremark.com">www.caremark.com</a>
Health Savings Account	Optum Bank	800-791-9361 <a href="http://www.optumbank.com">www.optumbank.com</a>
Dental Coverage	Delta	800-843-3582 <a href="http://www.deltadentalri.com">www.deltadentalri.com</a>
Vision Coverage	VSP	800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts	Navia	800-669-3539 <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Life Insurance	Aetna	800-523-5065 <a href="http://www.aetna.com">www.aetna.com</a>
Short-Term Disability Insurance	Aflac (all employees) Colonial Life (select union employees*)	401-475-9936, ext. 130 866-349-8011 <a href="http://www.visityouville.com/stateofri">www.visityouville.com/stateofri</a>
Deferred Compensation Plan	Retirement@Work	855-200-0135 <a href="http://www.retirementatwork.org/ri">www.retirementatwork.org/ri</a>
Legal Services	Hyatt Legal	800-821-6400 <a href="http://www.info.legalplans.com">www.info.legalplans.com</a>
Employee Assistance Program	Optum	866-248-4094 <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>

\* Represented by NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP

*Please Note: This Guide provides a broad, general overview of your benefit programs. If there is any discrepancy between the information contained in this Guide and the actual plan documents, the official documents will govern in all cases. To review legally required notices, please visit the Office of Employee Benefits at [www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov).*



Medical & Prescription Plans

	Anchor Plan		Anchor Plus Plan		Anchor Choice with HSA Plan (HSA Qualified Plan)	
State HSA Contribution – Single / Family	N/A		N/A		\$1,500 / \$3,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network



Medical Deductible – Single / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,250 / \$4,500
Coinsurance	10%	30%	10%	30%	10%	30%
Out-of-Pocket Maximum – Single / Family	\$2,000 / \$4,000	\$6,000 / \$12,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$4,500 / \$9,000
Preventive Care	Covered in full	Coinsurance after deductible	Covered in full	Coinsurance after deductible	Covered in full	Coinsurance after deductible
Office Visit (non-preventive)						
PCP	\$15 Copay	Coinsurance after deductible	\$15 Copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Specialist	\$25 / \$50 Copay*	Coinsurance after deductible	\$25 / \$50 Copay*	Coinsurance after deductible	10% / 30% after deductible*	Coinsurance after deductible
Chiropractic Care	\$15 Copay	Coinsurance after deductible	\$15 Copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Diagnostic Test (X-ray, blood work)	No charge	Coinsurance after deductible	No charge	Coinsurance after deductible	Coinsurance after deductible, no charge if preventive	Coinsurance after deductible
Imaging (CT/PET scans, MRIs)	Coinsurance after deductible**	Coinsurance after deductible	Coinsurance after deductible**	Coinsurance after deductible	Coinsurance after deductible**	Coinsurance after deductible
Inpatient Hospital	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Outpatient Surgery	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Mental Health / Substance Use Disorder						
Inpatient	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Outpatient	\$15 Copay	Coinsurance after deductible	\$15 Copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible

(Continued on next page)



Medical & Prescription Plans

	Anchor Plan		Anchor Plus Plan		Anchor Choice with HSA Plan (HSA Qualified Plan)	
State HSA Contribution – Single / Family	N/A		N/A		\$1,500 / \$3,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network



Emergency Room	\$150 Copay	\$150 Copay	\$125 Copay	\$125 Copay	Coinsurance after deductible	10% Coinsurance after deductible
Ambulance	Covered in full	Covered in full	Covered in full	Covered in full	Coinsurance after deductible	10% Coinsurance after deductible
Urgent Care	\$50 Copay	Coinsurance after deductible	\$50 Copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Physical Therapy, Occupational Therapy, Speech Therapy	\$15 Copay	Coinsurance after deductible	\$15 Copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible



Prescription Deductible – Single / Family	None	None	None	None	Combined	Combined
Out-of-Pocket Maximum – Single / Family	Combined	None	Combined	None	Combined	Combined
<b>Retail (30-day supply)</b> 4-Tier: generic / preferred brand / non-preferred brand / specialty	\$10/\$35/\$60/\$100 Copay after deductible***	Coinsurance after deductible				
<b>Mail Order (90-day supply)****</b> 3-Tier: generic / preferred brand / non-preferred brand	\$20/\$70/\$120 Copay	Not covered	\$20/\$70/\$120 Copay	Not covered	\$20/\$70/\$120 Copay after deductible	Not covered

- \* Amount shown reflects your costs with a referral/without a referral.
- \*\* Covered in full after deductible if a freestanding imaging center not affiliated with a hospital group is used.
- \*\*\* You pay the full cost prior to meeting your deductible unless the drug is on the preventive therapy list.
- \*\*\*\* Specialty drugs are limited to a 30-day supply.

# Dental Plans

	Anchor Dental		Anchor Dental Plus		Anchor Dental Platinum	
<b>Annual Deductible (per person)</b>	None		None		None	
<b>Annual Plan Maximum (per person)*</b>	\$1,500		\$2,000		\$2,500	
<b>Annual Periodontal Maximum (per person)**</b>	None		None		None	
<b>Lifetime Orthodontic Services Maximum (per person)</b>	\$1,500		\$2,000		\$2,500	
<b>Dependent Coverage</b>	Covered to age 26		Covered to age 26		Covered to age 26	
<b>Diagnostic / Preventive / Minor Restorative Services</b>						
Oral Exams – Performed By a General Dentist	100%	Once per calendar year	100%	Twice per calendar year	100%	Twice per calendar year
Cleanings	100%	Twice per calendar year	100%	Twice per calendar year	100%	Twice per calendar year
Fluoride Treatments – For Children Under Age 19	100%	Once per calendar year	100%	Twice per calendar year	100%	Twice per calendar year
Bitewing X-Rays	100%	One set per calendar year	100%	One set per calendar year	100%	One set per calendar year
Complete X-Ray Series or Panoramic Film	100%	Once every 36 months	100%	Once every 36 months	100%	Once every 36 months
Single X-Rays	100%	As required	100%	As required	100%	As required
Sealants For Children Under Age 14	100%	Covered	100%	Covered	100%	Covered
Amalgam (silver) and Composite (white) Fillings	100%		100%		100%	
Extractions and Other Routine Oral Surgery (when not covered by a patient's medical plan)	100%		100%		100%	
Root Canal Therapy on Permanent Teeth & Vital Pulpotomy and Apicoectomies	100%	One procedure per tooth per lifetime	100%	One procedure per tooth per lifetime	100%	One procedure per tooth per lifetime
Repairs to Existing Partial or Complete Dentures	100%	Once per calendar year	100%	Once per calendar year	100%	Once per calendar year
Recementing Crowns or Bridges	100%	Once every 60 months	100%	Once every 60 months	100%	Once every 60 months
Rebasing or Relining of Partial or Complete Dentures	100%	Once every 60 months	100%	Once every 60 months	100%	Once every 60 months
Occlusal Guards for Grinding and Adjustments	0%	Not Covered	100%	Covered	100%	Covered
Specialty Consultations	0%	Not covered	0%	Not covered	80%	Covered twice per year
<b>Major Restorative Services</b>						
Crowns Over Natural Teeth (that are not part of a bridge), Build Ups, Posts and Cores	80%	Replacement limited to once every 60 months	80%	Replacement limited to once every 60 months	80%	Replacement limited to once every 60 months
<b>Periodontics</b>						
Periodontal Maintenance Following Active Therapy	50%	Twice per calendar year	80%	Twice per calendar year	100%	Twice per calendar year
Root Planing and Scaling	50%	Once per quadrant every 24 months	80%	Once per quadrant every 24 months	100%	Once per quadrant every 24 months
Osseous (Bone) Surgery	50%	Once per quadrant every 36 months	80%	Once per quadrant every 36 months	100%	Once per quadrant every 36 months
Gingivectomies	50%	Once per quadrant every 36 months	80%	Once per quadrant every 36 months	100%	Once per quadrant every 36 months
Soft Tissue Grafts and Crown Lengthening	50%		80%		100%	
Guided Tissue Regeneration and Bone Replacement Graft	50%	Once per site every 24 months	80%	Once per site every 24 months	100%	Once per site every 24 months
<b>Prosthetics</b>						
Implants	0%	Not covered	0%	Not covered	50%	Covered with a separate \$3,500 lifetime maximum
<b>Orthodontics</b>						
Elective Braces and Related Services	50%	No pre-approval required	50%	No pre-approval required	50%	No pre-approval required

*In-network coverage shown. Out-of-network services are reimbursed, up to the plan reimbursement allowance, less any applicable coinsurance.*

*\* Certain oral surgery procedures do not count towards the annual plan maximum.*

*\*\* Annual periodontal maximum is included in the annual plan maximum.*

# Vision Plans

	Anchor Vision		Anchor Vision Plus	
	Copay		Copay	
<b>Dependent Coverage</b>	Covered to age 26		Covered to age 26	
<b>WellVision Exam</b>	\$0	Every calendar year	\$0	Every calendar year
<b>Prescription Glasses</b>	\$30	Every calendar year	\$30	Every calendar year
<b>Frame</b>	Included in prescription glasses	\$100 allowance for frames 20% savings on the amount over the allowance	Included in prescription glasses	\$200 allowance for frames 20% savings on the amount over the allowance
<b>Lenses</b>	Included in prescription glasses	Single vision, lined bifocal and lined trifocal lenses	Included in prescription glasses	Single vision, lined bifocal and lined trifocal lenses
<b>Lens Enhancements</b>	\$0	Polycarbonate lenses for children	\$0	Polycarbonate lenses for children
	\$0	Tints	\$0	Tints
	\$0	Photochromic lenses	\$0	Photochromic lenses
	\$0	Scratch coating	\$0	Scratch coating
	\$55	Standard progressive lenses	\$55	Standard progressive lenses
	\$95-\$105	Premium progressive lenses	\$95-\$105	Premium progressive lenses
	\$150-\$175	Custom progressive lenses	\$150-\$175	Custom progressive lenses
	Average savings of 20–25% on other lens enhancements		Average savings of 20–25% on other lens enhancements	
<b>Contacts (instead of glasses)</b>	Every calendar year \$30 cap on exam fees (fitting and evaluation) \$30 allowance for materials		Every calendar year \$30 cap on exam fees (fitting and evaluation) \$200 allowance for materials	
<b>Extra Savings</b>				
Glasses and Sunglasses	Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements within 12 months of the last WellVision Exam		Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements within 12 months of the last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price		Average 15% off the regular price or 5% off the promotional price	
<b>Coverage Out-of-Network</b>	Exam – up to \$20		Exam – up to \$20	
	Frame – up to \$12		Frame – up to \$12	
	Single vision lenses – up to \$18		Single vision lenses – up to \$18	
	Lined bifocal lenses – up to \$18		Lined bifocal lenses – up to \$18	
	Lined trifocal lenses – up to \$18		Lined trifocal lenses – up to \$18	
	Progressive lenses – up to \$18		Progressive lenses – up to \$18	
	Tints – up to \$5		Tints – up to \$5	
Contacts – up to \$18		Contacts – up to \$18		

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